8.	Legal a.	Structure of Licensee (check one from each column): Governmental b. Sole Proprietorship c. To be Formed				
		Proprietary Nonprofit _√	Partnership Corporation _√ Subchapter "S"	Existing	<u> </u>	

9. Current Licensed Capacity and Proposed Changes: (Staff will also provide separately a detailed spreadsheet on which the applicant will display current and proposed bed capacity by physical location.)

<u>Service</u>	Current Physical <u>Beds</u>	Beds to be Added or Reduced	Total Beds if Project is Approved
M/S/G/A	-	75	75
Pediatrics	-	0	0
Obstetrics	-	12	12
ICU/CCU Care	4+4	in MSGA	In MSGA
Psychiatry	-	6	6
Rehabilitation	-	0	0
Chronic	-	0	0
CCF		0	0
TOTAL BEDS	-	93	93

10. Project Location and Site Control:

A. Site Size 24.5 acres

B. Have all necessary State and Local land use approvals, including zoning, for the project as proposed been obtained? YES_____ NO _√_ (If NO, describe below the current status and timetable for receiving necessary approvals.)

Holy Cross will work with Montgomery College and Foulger-Pratt, the primary ground lessee and the developer of the College's science and technology park where the new hospital will be located to obtain all necessary land use approvals. Holy Cross will file the necessary applications with the appropriate review agencies after the County Council and the Planning Commission finish the Germantown Master Plan in the fall of 2009. Holy Cross expects that approvals will be obtained by mid-2010.

- C. Site Control:
- (1) Title held by: Board of Trustees of Montgomery Community College

(2)	Options to purchase held by: (i) Expiration Date of Option (ii) Is Option Renewable? If yes, Please explain (iii) Cost of Option
(3)	Land Lease held by: Holy Cross Hospital of Silver Spring, Inc. (i) Expiration Date of Lease 1,080 months after all required approvals (land use and CON) are obtained (ii) Is Lease Renewable no specific provisions If yes, please explain (iii) Cost of Lease \$7,746,016,
(4)	Option to lease held by: (i) Expiration date of Option (ii) Is Option Renewable? If yes, please explain
(5) expla	(iii) Cost of Option
APPLICABI	ION: IN COMPLETING ITEMS 11, 12 & 13, PLEASE NOTE LE PERFORMANCE REQUIREMENT TARGET DATES SET FORTH SION REGULATIONS, COMAR 10.24.01.12) ct Implementation Target Dates (for construction or renovation
	A. Obligation of Capital Expenditure <u>37</u> months from approval date. B. Beginning Construction <u>1—2</u> months from capital obligation. C. Pre-Licensure/First Use <u>35—27</u> months from capital obligation. D. Full Utilization <u>22—24</u> months from first use.

Due to the complex and technical nature of modern healthcare construction, this project will be implemented in a phased approach. All phases of construction will be completed under a single contract for construction management. The Construction Manager will complete the project via multiple subcontracts across the construction schedule.

Construction Phase	Start Date	Duration	Major-Components
Phase I	Nov 2009	12 mos	Site-Preparation-and-grading
		1	Site utilities
			Building foundations / retaining walls
Phase II	Nov 2010	8-Mos	Core-&-Shell Tower, D&T, CUP
Phase-III	Jun-2011	12 Mos	Interior Fit-out-Tower, D&T, CUP
Phase-IV	Jun 2012	3 Mos	Equipment Installation
			Commissioning of Systems
			Final-Site & Landscaping

Design

The proposed new hospital will be located on a 24.5 acre parcel on the Germantown campus of Montgomery College. The building, containing 238,000 gross square feet, will consist of a six level diagnostic and treatment wing (with all private rooms), and a three level clinical support wing. This design concept allows for effective adjacencies to efficiently facilitate patient, public and hospital traffic flow. Separating the diagnostic and treatment wing from the support wing also maximizes the benefits of separate building systems designed for the specific uses of each wing.

First Floor

The main public entrance, lobby, and concierge facilities will be located on the first floor. Concierge services include a café, seating, transport services as well as reception, information, and registration.

The Emergency Department will have a dedicated entrance for walk-in patients and will be accessible from the main lobby. A separate ambulance entrance will ensure that cars and ambulances do not arrive at the same access point.

The Emergency Department will serve adult and pediatric patients requiring acute treatment and adults needing single-system trauma care. Patients experiencing multiple system trauma will be transported to a trauma facility either by ambulance or helicopter. The Emergency Department will have twelve exam rooms, all with monitoring capabilities. While all of the examination rooms will be equipped to care for patients of all ages, two will be designated for critical care/trauma, two will be used for minor care, one will be designated for psychiatric care, and one room will be used for pediatric care. Portable equipment carts will enable staff to care for patients with specific needs in any room.

The Radiology Department will be adjacent to the Emergency Department so that the CT scanner, MRI and digital radiography rooms are easily accessible. This first floor location will also make these services easily accessible to scheduled patients.

This first floor also will house an eight-bed observation unit that will be easily accessible to the Emergency Center, as well as a six-bed psychiatry unit. Dedicated patient elevators will provide access for patients being cared for in the critical care and acute care units.

The first floor of the clinical services wing will house the materials management area and support services including dietary/food service preparation, the dining room, biomedical engineering, and information technology.

Second Floor

The procedure center will be located on the second floor. This area will include five operating rooms, a procedure room, an interventional lab, cystoscopy procedure room, an endoscopy laboratory, GI lab and a 12-bay PACU. The procedure center will have dedicated access to sterile processing located in the clinical services wing. Pre-op and phase two post care will be provided in a 22 bed area adjacent to the procedure center.

A 15-bed critical care unit will be located adjacent to the procedure center, providing the most direct access to critically ill surgical patients and to emergency patients one floor below.

In the clinical services wing, this floor will contain central sterile processing, the laboratory, and educational facilities.

Third Floor

The Maternal Infant Health Center will be located on the third floor. This area will include triage, five labor and delivery rooms, two c-section rooms, 12 private obstetrical rooms designed for babies to room in with their mothers, and a special care nursery. Administrative offices and the pharmacy will be located in the clinical services wing of this floor.

Fourth and Fifth Floors

The fourth and fifth floors will each contain a 30-bed inpatient acute care unit for medical and surgical patients. Both units will have all private rooms. The units will be served by distinct elevators: one set for the public and another for patient and material transport.

Sixth Floor

The sixth floor will be shell space to allow for future expansion with relatively little disruption to patient care. Holy Cross anticipates this additional space will not be required until approximately 2018.

(i) it fails to provide good cause for its failure to attain the minimum volume, and a feasible corrective action plan for how it will achieve the minimum volume within a two-year period.

Holy Cross anticipates that the Germantown hospital will have 1,237 OB admissions in FY15. This volume will be readily achieved. Holy Cross Hospital in Silver Spring serves 1,251 obstetric patients from the six ZIP codes that make up the Germantown hospital's core service area and 1,975 from the ESA. Holy Cross expects a significant shift, particularly by Maternity Partnership patients and Kaiser Permanente patients who live in the Gaithersburg/Germantown area. See discussion in Section 04(12), Impact.

Section .04(12) Impact on the Health Care System.

- (a) An application for a new perinatal program will be approved only if its likely impact on the volumes of obstetric discharges at any existing obstetric program, after the three year start-up period, will not exceed 20 percent of an existing program's current or projected volume.
- (b) When determining whether to approve an application for an obstetrics program the Commission will consider whether an existing program's payer mix of obstetrics patients will significantly change as a result of the proposed program, and the existing program will have to care for a disproportionate share of the indigent obstetrics patients in its service area; and
- (b) When determining whether to approve an application for an obstetrics program the Commission will also consider the impact on a hospital with an existing program that has undertaken a capital expenditure project for which it has pledged pursuant to H-G Article §19-123(k) not to increase rates for that project, so long as the pledge was based, at least in part, on assumptions about obstetric volumes.

Holy Cross projects that the Germantown hospital will open on <u>January 1</u>, <u>2013</u>. That is <u>six</u> months into FY 2013. The Germantown hospital is projected to

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